UNITED STATES DISTRICT COURT

middle Dis	trict of PA .	cAse#
	Division	845292
DONALD E. CLACK) Case No.	
Plaintiff(s) Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)))))	(to be filled in by the Clerk's Office)
-V-)) ·	
C.O. Jones SgT, JA. Baumgardner SCI-Benner, MediCAL)))	FILED SCRANTON
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.))))	JUL 2 0 2020 PER DEBUTY QUEHK

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

case	#	845293	2

I. The Parties to This Complaint

A.	The	Plaintiff	(S	Ì
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B.

needed.	
Name	DONALD E. CLARK Jr.
All other names by which	h
you have been known:	
ID Number	m H-9343
Current Institution	ScI-Benner-301-Institution Dr. Bellefonte
Address	301-Institution Dr. BelleFonTE PA. 1682
•	
	City State Zip Code
The Defendant(s)	
individual, a government agen listed below are identical to th the person's job or title (if know	or for each defendant named in the complaint, whether the defendant is an acc, an organization, or a corporation. Make sure that the defendant(s) cose contained in the above caption. For an individual defendant, include on) and check whether you are bringing this complaint against them in their capacity, or both. Attach additional pages if needed.
Defendant No. 1	
Defendant No. 1 Name	C.O. Jones
	C.O. Jones BLOCK Officer
Name	C.O. Jones BLOCK Officer
Name Job or Title (if known)	C.O. Jones BLOCK OFFICER SCI-Benner
Name Job or Title (if known) Shield Number	
Name Job or Title (if known) Shield Number Employer Address	SCI-Benner 301-Institution br. 301-Enstitution br. 301-Enstitution br.
Name Job or Title (if known) Shield Number Employer Address	SCI-Benner 301-Institution br.
Name Job or Title (if known) Shield Number Employer Address	SCI-Benner 301-Institution Dr. BelleFonte PA 16823 City State Zip Code
Name Job or Title (if known) Shield Number Employer Address	SCI-Benner 301-Institution Dr. BelleFonte PA 16823 City State Zip Code
Name Job or Title (if known) Shield Number Employer Address Defendant No. 2	SCI-Benner 301-Institution Dr. BelleFonte PA 16823 City State Zip Code
Name Job or Title (if known) Shield Number Employer Address Defendant No. 2 Name	SCI-Benner 301-Institution Dr. BelleFonte PA 16823 City State Zip Code
Name Job or Title (if known) Shield Number Employer Address Defendant No. 2 Name Job or Title (if known)	SCI-Benner 301-Institution Dr. BelleFonte PA 16823 City State Zip Code
Name Job or Title (if known) Shield Number Employer Address Defendant No. 2 Name Job or Title (if known) Shield Number	SCI-Benner 301-Institution Dr. 3elle Fonte PA /6823 City State Zip Code Findividual capacity Fofficial capacity SgT. JA. BAUMGArdner SgT- ScI-Benner 301-Institution Dr
Name Job or Title (if known) Shield Number Employer Address Defendant No. 2 Name Job or Title (if known) Shield Number Employer	SCI-Benner 301-Institution Dr. 3ellefonte PA 16823 City State Zip Code [Individual capacity Official capacity S9T. JA. BAUMGARDNER S9T- SCI-Benner

CASCA) 845292

	Defendant No. 3 Name	SCI-Benner
	Job or Title (if known)	_ medicaL
	Shield Number	
	Employer	O I TOST TION NO
	Address	301- Institution or.
		Bellefonte PA 16823 City State Zip Code
		Individual capacity Official capacity
	Defendant No. 4	C tom 1 marks
	Name	STATA, DAVE
	Job or Title (if known)	nurse, nurse
	Shield Number	
	Employer	SCI-Benner
	Address	301-Institution Dr.
		GelleFonTe PA 16823 City State Zip Code
		Individual capacity Official capacity
Bas	is for Jurisdiction	
imn <i>Fed</i>	nunities secured by the Constitution a	ate or local officials for the "deprivation of any rights, privileges, or and [federal laws]." Under Bivens v. Six Unknown Named Agents of 88 (1971), you may sue federal officials for the violation of certain
A,	Are you bringing suit against (ch	eck all that apply):
	Federal officials (a Bivens c	laim)
	State or local officials (a § 1	983 claim)
В.	the Constitution and [federal law	ing the "deprivation of any rights, privileges, or immunities secured by s]." 42 U.S.C. § 1983. If you are suing under section 1983, what right(s) do you claim is/are being violated by state or local officials?
	<i>medical</i>	
	MedicAL	
C.	Plaintiffs suing under Bivens may are suing under Bivens, what consofficials?	only recover for the violation of certain constitutional rights. If you stitutional right(s) do you claim is/are being violated by federal

CASe#	845	29	2
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D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
Pr	isoner Status
Inc	licate whether you are a prisoner or other confined person as follows (check all that apply):
	Pretrial detainee
	Civilly committed detainee
	Immigration detainee
	Convicted and sentenced state prisoner
	Convicted and sentenced federal prisoner
	Other (explain)
Gi	ement of Claim
alleg furti any	e as briefly as possible the facts of your case. Describe how each defendant was personally involved in the ged wrongful action, along with the dates and locations of all relevant events. You may wish to include her details such as the names of other persons involved in the events giving rise to your claims. Do not cite cases or statutes. If more than one claim is asserted, number each claim and write a short and plain ment of each claim in a separate paragraph. Attach additional pages if needed.
A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
B. Ce L	If the events giving rise to your claim arose in an institution, describe where and when they arose. In 1/15/20 Time WAS About 10:450 r//:00 rubber got Stuck us L DOOR CAME OFF MY CAME WENT DOWN NASOLON H-C BLOCK
Thi	e Second Time now, medical CAME TOOK me To me
nz	Wheel Chair - nurse - STAJA And Someone

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Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

C. What date and approximate time did the events giving rise to your claim(s) occur?

1/14/2020 - 1/15/2020

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

rebroke Arm And hand, TwisTed BACK, Legs, neck Co. Jones And SgTJA BAUMGARdner-Jerked me Twice To get me upon my Feet, hurt Like hell To!

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

rebroke Arm And hand, Twisted Back, Legs, neck X-rays -2 weeks Later, no meds

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

WAS WANTING TO WORK HERE TILL I GOT OUT- NOW I CAN'T WHAT EVER THE COURT THINKS IS FARE!

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Pro Se	14 (Rev. 12	2/16) Complaint for Violation of Civil Rights (Prisoner)
VII.	Exhai	ustion of Administrative Remedies Administrative Procedures 845292
	with re	rison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought espect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined jail, prison, or other correctional facility until such administrative remedies as are available are sted."
,		sistrative remedies are also known as grievance procedures. Your case may be dismissed if you have not sted your administrative remedies. #845292
	A,	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
		Yes
		□ No
		If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
		SCI-Benner
	В,	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
		Yes
		□ No
•		Do not know
	C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
		Yes
		□ No
		Do not know
		If yes, which claim(s)?
		NOT Sure (Do not Know)

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	حكسسية	
D.	D	orid you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
		Yes
		☐ No
	If ot	no, did you file a grievance about the events described in this complaint at any other jail, prison, or her correctional facility?
		Yes
•		No
E.	If	you did file a grievance:
	1.	Where did you file the grievance? SCI - Benner
		SCI-Benner 301-Institution Dr. BelleFonter What did you claim in your grievance? 1682
	2,	What did you claim in your grievance? 1682
	3.	What was the result, if any?
	4.	What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

CoseH	845	292
	Name and Address of the Owner,	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW

VIII.

F.	Ify	ou did not file a grievance:
	1.	If there are any reasons why you did not file a grievance, state them here:
•		
	2.	If you did not file a grievance but you did inform officials of your claim, state who you informed,
		when and how, and their response, if any:
G.		ase set forth any additional information that is relevant to the exhaustion of your administrative edies.
		te: You may attach as exhibits to this complaint any documents related to the exhaustion of your inistrative remedies.)
Previo	us Lav	wsuits
the fili brough malicio	ng fee it an ac ous, or	rikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, ation or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, fails to state a claim upon which relief may be granted, unless the prisoner is under imminent ious physical injury." 28 U.S.C. § 1915(g).
To the	best of	your knowledge, have you had a case dismissed based on this "three strikes rule"?
V Y	es	
)	
		hich court dismissed your case, when this occurred, and attach a copy of the order if possible.
۷	5CS	- CAMP HILL CASE # 1:19 CV 00762 SES
		- CAMP HILL CASE # 1/19 CV 00762 SES DATE FILED 5/3/19
		J/ "!" .

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893292

A.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
	Yes
	□ No
В.	If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit
	Plaintiff(s) Donald E.CLAFK 30
	Defendant(s) C.O. CovingTon
	2. Court (if federal court, name the district; if state court, name the county and State) SCI-ChesTer PA.
	3. Docket or index number /// 7-CV-02309
	4. Name of Judge assigned to your case S/SusaneSchwab
	5. Approximate date of filing lawsuit 12/15/17
	6. Is the case still pending?
	Yes
	□ No
	If no, give the approximate date of disposition.
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
.	Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your
	imprisonment?

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Pro Se	14 (Rev. 12	/16) Co	omplaint for Violation of Civil Rights (Prisoner)			
			Yes 7			
	D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there more than one lawsuit, describe the additional lawsuits on another page, using the same format.)				
		1.	Parties to the previous lawsuit Plaintiff(s) Donald E. CLACK Jr. Defendant(s) Co Covington ScI-Chester PA.			
		2.	Court (if federal court, name the district; if state court, name the county and State)			
		3.	Docket or index number 1: 17- C V - 02309			
		4.	Name of Judge assigned to your case $S/Susan E.Schwab$			
		5.	Approximate date of filing lawsuit $\frac{3}{3}/17$			
		6.	Is the case still pending? Yes No			
		7.	If no, give the approximate date of disposition What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)			
			Pending			

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Pro Sc 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

IX. Certification and Closing

B.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: $\frac{2/2}{2}$	12020						
Signature of Plaintiff	Gorald E. Clark	92.					
Printed Name of Plaintiff	DONALD E. CLASKTS.						
Prison Identification # m H- 93 43							
Prison Address	Prison Address 30/- Institution DC						
	BelleFonTe	PA State	16823 Zip Code				
For Attorneys							
Date of signing:							
Signature of Attorney			,				
Printed Name of Attorney							
Bar Number							
Name of Law Firm							
Address							
	City	State	Zip Code				
Telephone Number							
E-mail Address							

ST. PETERS burg FL, 33733 PO BOX-33028 SCI-Benner Top DONALD CLACK-MH-9343 SMACT COMMUNICATIONS SSWAN ESPAN DEPUTY CLERK united STATES DISTRICT COUNT MIDDLE DISTRICT OF PENNSYLYANIA SECRENTIAN SCRANDON Office of The CLERK) 235- north WAShington AVE.

PA DEPT OF INMATE MAIL



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